



**Licensure Bureau**  
**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT**  
**December 2005**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Western MT Addiction Servs	Missoula	Adolescent community based residential chemical dependency treatment home	\$35,000.00	11/23/05	12/05							
<b>Rimrock Foundation</b>	Billings	Adolescent community based residential chemical dependency treatment home	\$481,102.00	12/6/05	1/06							

**LEGEND:**

ASC-Ambulatory Surgical Center  
 CDU-Chemical Dependency Unit  
 CO-County  
 CR-Comparative Review  
 DEC-Decision  
 DISMISS-Appeal dismissed  
 FAC-Facility  
 HHA-Home Health Agency

H-Hospital  
 IHS-Indian Health Service  
 LOI-Letter of Intent  
 LTC-Long-Term Care  
 MTH-Month of Notice  
 NH-Nursing Home  
 NR-Non-Reviewable Project  
 N/A-Not Applicable

REC REQ-Reconsideration Hearing of Decision  
 REQ-Request  
 TBA-To Be Announced  
 TBI-Traumatic Brain Injury  
 10/10-Ten Bed/Ten Percent Rule (MCA 50-5-301)  
 N-Disapproval                      Y-Approval or Yes  
 DATES-Month/Day/Year

\* First-year operating cost HHA

Name of facility in **BOLD** indicates a new request for report month